2020

2017-2020 Strategic Plan

Final Progress Report







Oregon Health Authority
PUBLIC HEALTH DIVISION

Contents

Introduction

This report summarizes primary accomplishments from the 2017-2020 Oregon Health Authority, Public Health Division (OHA-PHD) Strategic Plan. The 2017-2020 Strategic Plan reflected OHA-PHD's efforts in the 2015-2019 State Health Improvement Plan (SHIP) priorities to:

- Modernize public health practice, and
- Improve health.

Over the past four years, OHA-PHD fundamentally shifted its practice to ensure public health protections for every person in Oregon. Legislative investments in 2017 and 2019 bolstered efforts to modernize the public health system. Also, the COVID-19 pandemic sped up planned work of public health modernization through creative, nimble staff and partners and new federal funds. OHA-PHD staff:

- Worked collaboratively across programs and centers
- Leveraged new resources, and
- Took steps toward co-creation and power-sharing with the community.

COVID-19 showed:

- How a pandemic layered on top of centuries of systemic racism and colonialism yields unjust and avoidable health inequities, and
- How the public health system must shift to center equity in all of its programs and policies.

Beyond COVID-19, OHA-PHD faced other public health challenges between 2017 and 2020, including:

- A youth vaping crisis
- Environmental threats from climate change, and
- Increasing sexually transmitted infections.

OHA-PHD also prepared for and responded to emergencies and events, from the 2017 solar eclipse to the devastating wildfires of 2020. OHA-PHD experienced leadership transition at the division and agency level. In addition, the federal administration made large changes to certain public health regulatory protections. At the root of public health work lay the social determinants of health and equity. Oregon faced:

- A worsening housing crisis
- Concerning levels of chronic absenteeism among students, and

- Ground swelling against structural racism.

There is also much to celebrate and honor from the past four years. With leadership from the Public Health Advisory Board, and its recently revised Health Equity Review Policy, OHA-PHD emboldened its commitment to advancing equity. Increased partnership with an investment in culturally responsive community-based organizations is a significant demonstration of this commitment. OHA-PHD took steps towards co-creation and community-centered decision-making. The newly launched 2020-2024 State Health Improvement Plan (SHIP), Healthier Together Oregon (HTO), is a prime example of modernized public health practice. HTO is:

- Rooted in quantitative data
- Steeped in community voice, and
- Centered on equity.

HTO provides our roadmap to improved health among communities systematically left behind.

The COVID-19 pandemic has affected nearly every part of our lives, from access to preventive services to environmental risks, to how and where we do our work. This pandemic made worse the widespread health inequities borne by white supremacy. Communities of color and other vulnerable groups experience a unequal and unfair burden of COVID-19 infections. The outcomes in this report do not reflect the effects of COVID-19. In future years Oregon will likely see poorer outcomes across the priority health indicators because of the COVID-19 pandemic. OHA-PHD will have the opportunity to capitalize on the extraordinary learnings from this difficult time.

Goals, objectives and measures

OHA identified 15 objectives framed by two goals for the 2017-2020 OHA-PHD Strategic Plan:

- **Goal 1** objectives capture efforts related to the 2015-2019 SHIP and foundational public health programs and capabilities.
- **Goal 2** objectives underscore the work of foundational public health capabilities.

There is a brief account for each objective that highlights accomplishments. The report provides updated data for all measures. There is a status indicator for each measure:

Green means OHA-PHD achieved the target.

Yellow means progress is in the right direction.

Red means measure is stagnant or moving in the wrong direction.

Blue means data are unavailable, OHA retired the measure, or both.

At an all-staff meeting in January 2021, OHA-PHD staff shared outcomes they were most proud of. Quotes from several highlights are throughout the report.

Goal 1: Promote and protect safe, healthy and resilient environments to improve quality of life and prevent disease

Strategic plan objective	Foundational program or capability	2015-2019 SHIP priority
Create healthy environments	Environmental health	
Increase community preparedness and resilience	Emergency preparedness and response	
Ensure access to clinical services	Access to clinical preventive services	Immunizations and oral health
Prevent and reduce tobacco use	Prevention and health promotion	Tobacco
Improve nutrition and increase physical activity	Prevention and health promotion	Obesity
Reduce violence and suicide rates through prevention	Prevention and health promotion	Suicide
Prevent and reduce alcohol and substance abuse	Prevention and health promotion	Alcohol and drugs
Prevent and reduce rates of communicable diseases	Communicable disease control	Communicable disease

Goal 2: Strengthen public health capacity to improve health outcomes

Objective	Foundational capability
Develop and maintain an organizational culture of continuous quality improvement	Leadership and organizational competencies
Promote and develop a competent, skilled, diverse and engaged workforce	Leadership and organizational competencies
Promote health equity in all programs and policies	Health equity and cultural responsiveness
Form and maintain relationships with diverse partners to define and achieve collaborative public health goals	Community partnership development
Invest in and maintain up-to-date systems and expertise for public health assessment, monitoring and evaluation	Assessment and epidemiology
Implement policy, systems and environmental changes to meet changing needs and align with state and federal policies	Policy and planning
Use health communication strategies, interventions and tools to be a trusted source of information	Communications

Goal 1: Promote and protect safe, healthy and resilient environments to improve quality of life and prevent disease.

Objective 1: Create healthy environments.

OHA-PHD created healthy environments through efforts led by Environmental Public Health (EPH), Drinking Water Services (DWS) and Health Promotion Chronic Disease Prevention (HPCDP).

HPCDP and EPH worked with the Oregon Department of Transportation (ODOT) and local public health authorities (LPHAs) to help develop local transportation plans and policies that promote:

- Active transportation, and
- Overall community health.

What work outcome are you most proud of?

"I am proud of the timely technical assistance provided to public drinking water systems after the recent wildfires in advance of upcoming wintertime storms' challenging treatment conditions."

"Putting Environmental Public Health on the map!"

OHA-PHD worked with ODOT, the Safe Routes to School National Partnership and Oregon Walks to develop policies with the priority of planning and funding of bicycle, pedestrian, and transit infrastructure, programs and services. EPH has similarly supported active transportation by use of health impact assessments and developing and applying transportation health impact models. These models provide decision-makers with information about the health and economics of transportation plans, programs and investments. EPH's Climate and Health Program has promoted efforts to reduce automobile use and increase walking, biking and transit use.

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
Percentage of children younger than 6-years-old who received blood lead testing		4% (2016)	6.2% (2017)	7.1% (2019)	10%	Oregon Public Health Epi User System (Orpheus)
Percentage of community water systems* that meet health-based standards throughout the year		89% (2016)	94.9% (2017)	93.3% (2019)	92%	Safe Drinking Water Information System database, Environmental Protection Agency
Percentage of workers who walk, bike or take public transit to work		11.2% (2015)	10.2% (2016)	10.2% (2017)	9%	American Community Survey

Objective 2: Increase community preparedness and resilience.

Many programs within OHA-PHD, namely EPH and the Health Security, Preparedness and Response Program (HSPR), help:

- Communities prepare for emergencies, and
- Build community resilience.

OHA-PHD also completed the first Continuity of Operations Plan. The plan was used to prioritize essential work outside of the COVID-19 response.

HSPR showed commitment to equity through several initiatives. A full-time preparedness health equity coordinator and a one-year health equity AmeriCorps VISTA project increased the capacity to address equity.

HSPR launched the Disabilities Emergency Management Advisory Committee (DEMAC). HSPR also gave technical support to local public health partners on inclusive emergency planning, focusing on Communication Medical Independence Supervision and Transportation (CMIST) principles. HSPR funded a full-time tribal coordinator. The program also increased funding to tribal partners who created a new tribal emergency preparedness coalition.

* 23% of Oregonians access water via a private domestic well. OHA-PHD does not regulate these wells.

HSPR increased training, drills and activations of Incident Management Teams (IMT) each year. IMTs integrated OHA-PHD programs for:

- Wildfires
- Environmental hazards
- Winter storms
- Disease outbreaks

In 2020, an IMT activated on January 21 to coordinate the response to the novel Coronavirus, laying the foundation for OHA-PHD's response with later additions of:

- OHA-PHD staff
- OHA staff
- Oregon Department of Human Services (ODHS) staff

With the wildfires in September 2020, HSPR showed the capacity to run simultaneous IMTs which represents a major leap in capabilities while drawing on the content expertise of EPH and DWS.

The state put to use 10 years of preparedness work completed by HSPR and countless funded and unfunded partners. In addition to the contributions of every HSPR team member, several program capabilities were critical, including:

- Integral health care coalitions
- Crisis and risk communication tools
- The state personal protection equipment (PPE) stockpile
- Oregon Medical Station set up at the Oregon Fairgrounds
- Multiple emergency ambulance contracts
- Statewide medical countermeasure distribution systems

What work outcome are you most proud of?

"When in-person conferences were canceled last spring due to COVID-19, we partnered with statewide conference organizers to host two virtual conferences for emergency medical service providers. We were able to offer 21 hours of continuing education to providers from 10 different countries. In all, we provided almost 15,000 CE hours. This event was published in a national journal: https://www.jems.com/2020/08/12/ems-continuing-education-in-the-age-of-the-covid-pandemic/."

"Developing a new Climate Equity Blueprint with partner agencies."

- Isolation and quarantine tools
- The High-Impact Pathogens Plan of Operations
- Thousands of volunteers in the State Emergency Registry of Volunteers in Oregon (SERV-OR)
- The hospital capacity web system (HOSCAP)
- The Health Alert Network (HAN)

HAN is an alternate means to communicate with public health staff during an emergency when people cannot reach staff in person, by email, or by phone calls. OHA encourages staff to enroll when hired. As of October 2020, 100% of staff enrolled.

OHA-PHD made progress to implement the Oregon Climate and Resilience Plan. Full achievements of the work is detailed in the Climate and Health 2020 Report. Examples of achievements include funding and technical support to Benton County Health Department to develop and begin to implement:

- A local climate and health adaptation plan, and
- Publication of More Days with Haze: How Oregon is Adapting to the Public Health Risks of Increasing Wildfires a report to:
  - » Identify ways the public health system adapts to the increase in severity of wildfires, and
  - » Opportunities for future climate adaptation.

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
Percentage of identified climate resilience strategies implemented at the state level		0%	41% (2017)	Data not available	100%	Oregon Climate and Health Annual Report
Percentage of OHA-PHD staff who are registered on the HAN		85% (2017)	94% (2018)	100% (2020))	100%	C-report compared to registered HAN users
Percentage of LPHA who respond within 60 minutes to quarterly test calls from the 24/7/365 phone line		85% (2017)	85% (2018)	Data source discontinued	100%	Triennial Review Tool and quarterly tests by liaisons

Objective 3: Ensure access to clinical services

Many OHA-PHD programs worked to ensure access to clinical services, such as:

- Oral health care
- Immunizations, and
- Reproductive health services.

The childhood immunization rate increased steadily from 66% in 2016 to 71% in 2019. This reflects the ongoing, coordinated efforts of public health and health care systems to:

- Remove barriers to immunization, and
- Address other root causes of lower immunization rates.

Some local public health partnerships used modernization funding to improve childhood immunization rates. The result was that 25 of 33 LPHAs met the statewide benchmark for engaging health care clinics in immunization quality improvement.

The number of providers taking part in the Immunization Quality Improvement for Providers (IQIP) program increased significantly, including more than 20% of certified School-Based Health Centers (SBHCs).

What work outcome are you most proud of?

"Enrolling dozens of new clinics into the Vaccines for Children program – many of which are in rural and underserved areas."

"CAREAssist finished open enrollment with a very, very low number of our members being uninsured at the end of open enrollment."

OHA-PHD and the American Cancer Society (ACS) hosted the second annual HPV summit with broad participation from providers across the state. ACS also worked with the Oregon Pacific Area Health Education Center to host Oregon's first HPV vaccination week.

OHA-PHD and many clinical and health system partners all over Oregon worked to make flu vaccine available to uninsured adults and vulnerable populations through the flu pool program. The flu pool program has grown each year since 2016. The program helps foster partnerships with LPHAs and clinics focused on improving flu vaccination rates and access for people who cannot afford it. During the 2019-2020 flu season, more than 60 providers took part in this project and OHA-PHD gave out more than 9,500 doses of flu vaccine. Inequities in flu vaccination rates between Latino/a/x and other populations led to culturally tailored flu messaging for Latino/a/x communities. OHA-PHD partnered with Univision for an ad campaign during the 2018-19 and 2019-20 flu seasons that matched an increase in flu vaccine uptake in Latino/a/x communities.

Between 2017 and 2020, Oregon saw an improvement in oral health indicators for children ages 6- to 9-years-old:

- 49% of children had a cavity compared to 52%.
- The number of children with rampant decay (children having seven or more teeth with untreated or treated cavities) dropped significantly from 14% to 5%.

These improvements are the result of system-wide improvements to ensure children and adolescents:

- Regularly see a dentist, and
- Receive preventive oral health services.

Despite overall improvements in oral health, large inequities exist for children and adults based on:

- Geographic residence
- Household income
- Race and ethnicity

The Oral Health Program worked to address these inequities in school oral health programs. Data on race, ethnicity, language and disability (REALD) is now collected from those served by the School-based Dental Sealant Program. School dental sealant program staff and dental hygienists have training on:

- Health equity
- Cultural humility
- Trauma-informed care
- Health literacy
- Plain language

In 2017, Governor Brown signed into law the Reproductive Health Equity Act (RHEA) which codified access to preventive clinical services, including contraception, with no cost-sharing for people with private insurance. RHEA also set up funds to support:

- Reproductive health services (administered by the OHA-PHD Reproductive Health Program), and
- Postpartum care (administered by the OHA-Health Systems Division).

RHEA also covers those who:

- Can become pregnant, and
- Would qualify for Medicaid (Oregon Health Plan (OHP), if not for their immigration status.

The Reproductive Health Program saw approximately 12,000 people enroll in this coverage in the first two years of implementation. Additionally, in 2018, the Reproductive Health Program began a new program with LPHAs to support:

- Community participation
- Partnership development, and
- Assurance of access to reproductive health services

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
Adolescents who have had one or more cavities ever		8th grade: 68.7% 11th grade: 75.1% (2015)	Not available	8th grade: 57% 11th grade: 65% (2019)	8th grade: 66.6% 11th grade: 70.3%	Oregon Healthy Teens Survey
Annual dental visits among children ages 0-5		43.4% (2106)	Not available	44.6% (2018)	48%	Medicaid claims data (Office of Health Analytics)
Rate of 2-year-olds who are fully vaccinated		64% (2015)	66% (2016)	71% (2019)	80%	Oregon Alert Immunization Information System (ALERT IIS)
Effective contraceptive use		68.7% (2015)	69.2% (2016)	68.1% (2018)	70%	Behavioral Risk Factor Surveillance System (BRFSS)

Objective 4: Prevent and reduce tobacco use.

The HPCDP section held primary responsibility for reducing tobacco use, the leading cause of preventable death.

OHA-PHD provided policy leadership that led to significant wins between 2017 and 2020. In 2018, Oregon's Tobacco 21 law went into effect. This law raised the minimum age for a person to buy tobacco products or e-cigarettes from 18 to 21. In November 2020, Oregon voters voted to increase the price of tobacco and dedicate 10% of tobacco tax revenue to address tobacco-related health inequities. In addition, OHA-PHD helped five Oregon counties pass local policies that require retailers to have a license to sell tobacco. This policy is gaining momentum in other counties, driven by a national outbreak of e-cigarette and vaping-associated lung injury in 2019, and a dramatic rise in youth e-cigarette use. In response to the vaping-associated lung injury crisis, OHA-PHD responded with:

- Communication campaigns

What work outcome are you most proud of?

"I'm most proud of the work to move forward with raising the price of tobacco with dedicated revenue to reduce tobacco related inequities. Tribes and equity partners are leading this effort and collaborating with us!"

"That over 25 years of tobacco control in Oregon, voters passed a $2 tobacco tax with money for equity in health services and tobacco prevention."

- Policy recommendations, and
- Cross-agency collaboration with:
  - The Department of Justice, and
  - The Oregon Liquor Control Commission.

Tobacco use preventable disease and death falls hardest on lower-income people in Oregon, communities of color and tribal communities. To address tobacco-related inequities, OHA-PHD funded tribes and Regional Health Equity Coalitions (RHEC) to build policy capacity among:

- Culturally specific organizations, and
- Communities disproportionately and unfairly affected by tobacco industry targeting.

For example, OHA-PHD and RHECs developed the Community Policy Leadership Institute model to bring together community leaders, health departments and decision-makers. The purpose is to co-lead local policy and system change among communities affected by health inequities.

OHA-PHD also worked with the following to co-develop the Oregon Native Quit Line, a culturally-relevant commercial tobacco cessation program to meet the needs of American Indian and Alaska Native (AI/AN) populations:

- Northwest Portland Area Indian Health Board
- The nine federally-recognized tribes
- Native American Youth and Family Center
- Native American Rehabilitation Association of the Northwest, Inc., and
- Chemawa.

The program, launched in 2019, includes high-intensity behavioral and pharmacological support from a team of dedicated quit coaches with experience working with Oregon AI/AN populations. Additionally, OHA-PHD co-created culturally specific communications materials that features members of Oregon's tribal communities to promote the new service.

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
Cigarette smoking prevalence among youth		8th grade: 4% 11th grade: 9% (2015)	8th grade: 3% 11th grade: 8% (2017)	8th grade: 3% 11th grade: 5% (2019)	8th grade: 2% 11th grade: 7.5%	Oregon Healthy Teens Survey
Other tobacco products (non-cigarette) use among youth		8th grade: 11% 11th grade: 23% (2015)	8th grade: 8% 11th grade: 17% (2017)	8th grade: 13% 11th grade 24% (2019)	8th grade: 4% 11th grade: 15%	Oregon Healthy Teens Survey
Cigarette smoking prevalence among adults		18% (2015)	17% (2016)	15.1% (2019)	15%	BRFSS

Objective 5: Improve nutrition and increase physical activity.

HPCDP, EPH and WIC led efforts to improve nutrition and increase physical activity. Originally, this objective and related 2015-2019 SHIP priority were tied to the goal of reducing obesity. However, OHA-PHD evolved to understand the underlying causes related to the clinical term obesity. The term obesity is stigmatizing. It leads to blaming that can hinder an understanding of how factors such as marketing and pricing of unhealthy foods target communities of color, tribal and low-income communities.

For physical activity among children and adults, OHA-PHD leveraged partnerships with the Safe Routes National Partnership to promote:

- Safe Routes to Schools, and
- Safe Routes to Parks programs in Oregon.

The Oregon Arthritis Program funded three Safe Routes to Parks projects. OHA-PHD staff partnered with the Oregon Department of Education (ODE) and ODOT to promote Safe Routes to School programs across the state.

OHA-PHD staff also continued to provide policy guidance to state and local transportation agencies on health-supportive transportation policies. In addition, in the last five years, the Oregon Legislature passed several bills to increase physical activity:

- Senate Bill (SB) 4 (2017) – Strengthened physical activity requirements in schools.
- House Bill (HB) 2017 (2017) – Keep Oregon Moving provides investments in public transportation and infrastructure to support walking and biking.
- HB 3427 (2019) – The Student Success Act allows grants from the Student Investment Fund to be used to broaden curricular options, including access to physical education classes.

Low-income communities, and some communities of color are disproportionately vulnerable to obesity. This is in large part due to the traumatic effects of systemic racism and oppression, compounded by sugary drink industry marketing. Also, the state disinvestment in communities to ensure access to safe, active transportation and affordable, healthy food. To promote nutrition and physical activity, OHA-PHD funded Regional Health Equity Coalitions (RHEC) to develop and advance culturally appropriate and equity informed changes in:

- Policy
- System, and
- The environment

What work outcome are you most proud of?

“Taking administrative responsibility for more than 690 Oregon farmers selling fresh produce to more than 90,000 WIC families and eligible seniors.”

The Oregon WIC program provided leadership to improve food security. The Farm Direct Nutrition Program (FDNP) aims to increase the number of fruits and vegetables bought by families who receive WIC benefits. In 2017, the Oregon legislature increased FDNP funding. WIC also increased available culturally appropriate foods in the food package benefit. This benefit enables participants to access foods that are parts of their traditional diet, such as:

- Tofu
- Yogurt
- Corn tortillas
- Bulgur, and
- An increased variety of dried beans.

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
Obesity prevalence among low-income 2- to 5-year-olds		15.1% (2015)	14.9% (2017)	16.6% (2019)	14.5%	Women, Infants and Children (WIC) administrative data
Obesity prevalence among youth		8th grade: 11% 11th grade: 13% (2015)	8th grade: 11% 11th grade: 14% (2017)	8th grade: 9% 11th grade: 10% (2019)	8th grade: 9% 11th grade: 10%	Oregon Healthy Teens
Obesity prevalence among adults		29% (2015)	29% (2016)	29.8% (2019)	25%	BRFSS

Objective 6: Reduce violence and suicide rates through prevention.

The Injury and Violence Prevention (IVP) section led efforts to reduce violence and prevent suicide.

With funding from the SAMHSA Garrett Lee Smith (GLS) Youth Suicide Prevention grant, OHA-PHD provided resources and technical aid to support suicide prevention, intervention and postvention (support after a suicide or suicide attempt) for youth in five counties:

- Deschutes
- Jackson
- Josephine
- Umatilla
- Washington

This work included:

- Coalition building
- Gatekeeper (layperson) training to identify people at high risk for suicide, and
- Help to get them needed support.

OHA-PHD also funded continuity of care work with schools and health care systems and public awareness events. GLS awarded OHA-PHD five more years of funding to build on this work through 2024. A competitive selection process identified the following as counties that will receive support for suicide prevention, intervention and postvention from GLS:

- Deschutes
- Lane
- Multnomah

OHA-PHD engaged multiple health care systems in Zero Suicide, a bold commitment to provide suicide safer care in health and behavioral health systems. Sixteen health care organizations attended the 2018 Zero Suicide Academy. To support sustainable change, OHA-PHD facilitated a Community of Practice for Better Suicide Care through September 2019. OHA-PHD also provided mini-grants to selected health care organizations to move Zero Suicide efforts forward. Evaluation of health care organizations taking part in Zero Suicide showed great overall progress in Zero Suicide implementation, particularly in:

- Gaining health system leadership support and buy-in
- Training staff to provide evidence-based care for people at risk for suicide, and
- Supporting patients as they transition from different levels of support or to other organizations for care.

This success set OHA-PHD up to compete successfully for a five-year SAMHSA Zero Suicide implementation grant. OHA-PHD's Zero Suicide initiative will continue. The project will expand through 2025 by supporting suicide safer systems of care, with special emphasis on developing culturally responsive systems to support:

- Veterans
- Seniors, and
- People with severe mental illness.

What work outcome are you most proud of?

"We convened an agency-wide youth suicide prevention team and began tracking suicide-related visits to emergency departments and urgent care centers."

"Applied for and was awarded federal funding through SAMHSA to support health systems in providing suicide safer and specific care."

OHA-PHD continued to support the annual Oregon Suicide Prevention Conference and added a Zero Suicide track. To address the significant inequity in suicide among AI/AN populations, the conference dedicated space for tribal-focused presentations. These have included topics such as:

- Supporting tribal veterans
- Using health camps to support wellness and resilience
- Culture as prevention
- Social media guidance for adults working with native youth, and
- Learning from the wisdom of Native American and Alaska Native people with lived experience of suicide and suicide loss.

Researchers worked with primary care providers and firearm owners in rural Central Oregon to develop and test culturally responsive education and outreach materials on lethal means reduction. These included four brief videos for providers and clinicians about how to address firearm safety with patients at risk of suicide. The videos became available for continuing medical education (CME) credit in early 2020. A brochure for firearm owners and a tip sheet for primary care providers are now available. An online course offering CME for providers on this research and its practical application, including practical implementation tools, is available online at https://www.oregonsuicideprevention.org/zero-suicide/firearm-safety.

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
Rate of suicide		17.7 per 100,000 (2015)	17.9 per 100,000 (2016)	19.0 per 100,000 (2018)	16.0 per 100,000	Vital Statistics
Suicide attempts among eighth graders		8.2% (2015)	8.7% (2017)	10% (2019)	7.0%	Oregon Healthy Teens Survey

Objective 7: Utilize public health tools to prevent and reduce alcohol and substance abuse.

HPCDP and IVP led efforts to prevent alcohol and substance abuse. In 2018, OHA-PHD conducted the Tobacco and Alcohol Retail Assessments, a statewide assessment of tobacco and alcohol advertising, marketing and promotion in locations where people shop daily. The assessment exposed how the alcohol industry targets Oregonians, particularly youth, through flavor offerings and low prices. The

What work outcome are you most proud of?

"Supported Oregon's Harm Reduction, Syringe Service Programs and Recovery Community Organizations to maintain critical services across Oregon during COVID-19."

assessment provides a foundation to discuss how communities can limit youth access to alcohol and reduce excessive drinking by changing the rules for where and when alcohol is sold.

With OHA-PHD funding, RHECs explored evidence-based strategies related to community:

- Alcohol outlet density
- Pricing policies
- Restrictions on alcohol promotion, and
- Point of purchase interventions.

OHA-PHD also kept funding nine federally-recognized tribes to plan and implement culturally relevant alcohol and other drug prevention strategies. The strategies use tribal-based practices and the culture as a prevention framework.

Many efforts were used to address the disproportionate number of opioid overdose deaths experienced by American Indian and Alaska Natives. The Prescription Drug Overdose Prevention Program sponsored training, planning and capacity building related to opioid prevention, treatment and recovery for:

- Nine federally-recognized tribes
- Native American Rehabilitation Association of the Northwest, Inc. (NARA)
- Northwest Portland Area Indian Health Board (NPAIHB)
- Indian Health Service, and
- Local public health authorities.

The 2018 Oregon Tribal Summit on Opioids and Other Drugs had 224 attendees who attended conference and planning sessions. The 2019 Oregon Tribal Opioid Training Academy provided training on a variety of topics to more than 140 attendees, including:

- Tribal best practices for wellness and recovery
- Addiction pharmacology
- Adult and youth Mental Health First Aid
- Community emergency response
- Naloxone rescue
- Trauma-informed care
- Pain science
- Medication-assisted treatment
- Acupuncture detoxification (acudetox), and
- The Heal Safely pain management education campaign.

The annual Oregon Conference on Opioids, Pain, and Addiction Treatment included a Tribal Best Practices track. There were 429 attendees in 2018 and 416 attendees in 2019. In 2019, the nine tribes and NARA also received grants of $25,000 each to support the implementation of projects to support opioid prevention, treatment and recovery.

OHA-PHD worked with Brink Communications to launch two media campaigns related to the opioid epidemic:

1. Heal Safely (www.healsafely.org)
    - » The campaign supports safe and effective non-opioid pain management with culturally responsive messaging for communities disproportionately affected by the overdose epidemic.
2. Reverse Overdose Oregon (www.reverseoverdose.org)
    - » A bystander training initiative on administering naloxone, focused on workplaces.

Brink Communications worked closely with tribes to ensure developed materials were culturally responsive and centered in tribal traditions. Along wtih NARA, the following tribes plan to distribute 2,600 naloxone-ready kits to their local communities:

- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation (CTUIR), and
- The Klamath Tribes.

The health care system has been an important partner in addressing substance use. OHA-PHD developed Oregon Opioid Prescribing Guidelines in 2017, followed by:

- An online pain education module for health care professionals, and
- Pain education resources for patients.

The module helps both incoming clinicians and seasoned professionals develop a new understanding of pain and pain treatment. So far, more than 15,000 clinicians have completed the course. More than 70% of those who finish report that they plan to change their treatment approach.

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
Opioid overdose mortality		6.5 deaths per 100,000 (2015)	6.0 deaths per 100,000 (2016)	7.0 deaths per 100,000 (2018)	<3 deaths per 100,000	Vital Statistics
Alcohol-related motor vehicle deaths		176 (2015)	154 (2016)	150 (2018)	98	Oregon Department of Transportation

Objective 8: Prevent and reduce rates of communicable diseases.

The Acute and Communicable Disease Prevention (ACDP) section and HIV, Sexually Transmitted Disease and Tuberculosis (HST) section led efforts to prevent and reduce rates of communicable disease.

The HST section led implementing the End HIV Oregon plan, an ambitious plan aimed at ending all new HIV infections. The rate of new infections has remained stable and the number of people who live with viral suppression is increasing.

The STD program launched several initiatives promoting syphilis screening for men who have sex with men (MSM) and pregnant women. The STD program also advanced provider and public awareness of the current epidemic. STD testing expanded widely for uninsured and underinsured people through local public health authorities. A 2017 Syphilis Summit invited many stakeholders to take part to discuss a range of issues.

What work outcome are you most proud of?

"Developed agreements with eight of Oregon's nine tribes, providing a framework to work together on immunization, laboratory services, disease reporting and outbreak investigation."

"Helping keep Oregon's COVID-19 case rate among the lowest in the nation."

Rates of gonorrhea continue to increase, from 107 per 100,000 in 2016 to 145 per 100,000 in 2019. Oregon, like much of the nation, continues to experience an alarming increase in gonorrhea cases. Efforts to control gonorrhea have included:

- Increased medical provider education particularly in urgent care settings that often treat symptomatic gonorrhea
- Educational materials for patients on the importance of prompt partner notification, and
- Resources to help get partners tested and treated for gonorrhea.

Counties with some of the highest burden of gonorrhea also receive targeted resources in the form of increased lab support and funding for innovative local pilot projects to address gonorrhea increases.

Deaths from chronic hepatitis C in Oregon are declining. OHA-PHD reduced barriers for use of direct-acting antiviral agents in Oregon Medicaid patients. OHA-PHD also provided technical help to:

- LPHAs
- Substance use disorder treatment facilities, and
- Other non-profit organizations to promote harm reduction strategies.

Despite this progress, racial inequities persist, with hepatitis C death rates highest for:

- African Americans
- American Indians, and
- Alaska Natives.

Up to Oct. 27, 2020, 28 cases of *E. coli* O157 infection were reported in Oregon during 2020, yielding a rate of 0.7 per 100,000. This represents a significant decline from the rate over the five years before. However, it means that our target of 0.6 per 100,000 for the year will not be met.

OHA-PHD worked with long-term care facilities in Oregon and helped with infection control measures to improve norovirus detection and prevention. Through investigations, OHA-PHD confirmed the primacy of person-to-person transmission in these facilities; and provided training to improve infection control capacity.

OHA-PHD worked with Oregon-based tribes, NPAIHB, and the Portland Area Indian Health Service to develop memoranda of understanding (MOUs) with eight of the nine federally-recognized tribes. These MOUs detail collaboration for laboratory services, immunization services, and communicable disease investigation and reporting.

OHA-PHD improved the ability to collect race and ethnicity data to identify disparities and inequities in foodborne illness. OHA-PHD now collects REALD-compatible data and trains LPHAs to collect this information.

From 2015 to 2018, critical access hospitals decreased health care-onset *Clostridium difficile* infections (CDI) from 1.32 to 0.51. This corresponds to 49% fewer infections than predicted. The number exceeds the 2020 U.S. Department of Health and Human Services (HHS) reduction target of 0.70. Over the past four years, OHA-PHD engaged more than 20 Oregon hospitals in the "targeted assessment for prevention" (TAP) strategy aimed at identifying gaps in CDI-related prevention practices to help implement needed prevention strategies. Also, OHA-PHD recruited over 20 hospitals to report antimicrobial-use data to the National Healthcare Safety Network (NHSN).

To prevent and control high-impact infectious diseases in health care and congregate settings ACDP:

- Expanded infection control expertise, and

- Invested in staff training to improve access to technical help.

In 2020 alone, ACDP provided over 350 infection control consultations across the health care spectrum with a focus to prevent and control COVID-19.

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
Hospital-onset *Clostridium difficile* infections		Standardized infection Ratio 0.88 (2015)	SIR 0.94 (2016)	SIR .71 (2018)	SIR 0.57	National Healthcare Safety Network
Rate of gonorrhea infections		80.7 cases per 100,000 (2015)	106.3 cases per 100,000 (2016)	142.7 case per 100,000 (2018)	72 cases per 100,000 residents	Oregon Public Health Epidemiology User System (Orpheus)
People living with HIV who had a suppressed viral load within the previous 12 months		74% (2015)	76% (2016)	81% (2018)	90%	Orpheus
Infections caused by Shiga toxin-producing *Escherichia coli* 0157		2.4 cases per 100,000 (2011-2015)	2.3 cases per 100,000 (2012-2016)	1.9 cases per 100,000 (2014-2019)	0.6 cases per 100,000 residents	Orpheus

Goal 2: Strengthen public health capacity to improve health outcomes.

With direction from the Public Health Accreditation Board (PHAB) and investment from the Oregon Legislature, OHA-PHD worked towards a modernized public health practice through improvements in the foundational capabilities.

Objective 1: Develop and maintain an organizational culture of continuous quality improvement

OHA-PHD invested in building a culture of continuous quality improvement. OHA-PHD maintains an accredited status with PHAB. Standards met to maintain accreditation include:

- Publishing a State Health Assessment and updated State Health Indicators
- Implementation of the 2015-2019 State Health Improvement Plan (SHIP)
- Development of the 2020-2024 SHIP, and
- Development of a Quality Improvement Plan.

The Performance Management System at OHA-PHD was modified with input from

managers and staff to align and support implementing cross-division measures. Process measures were examined for alignment with the PHD Strategic Plan and modernization efforts. OHA-PHD added new measures that reinforce goals outlined in the SHIP while supporting programs and policies in the spirit of continuous quality improvement. Connecting the data points in the performance system allows staff to take ownership of measures to apply to their daily work. Enhancements to the performance system will continue as the outcomes and data points show progress toward a modern public health system.

OHA-PHD collaborated with a change management consultant, Coraggio Group, to:

- Facilitate a change assessment, and
- Plan for the division's efforts to continue the transition to a modern public health system.

The consultant worked with division leadership (executive leadership team and key initiative staff) and a change agent team (staff and managers from various programs across all centers). The Change Plan developed with staff and leadership outlined strategies and activities to guide OHA-PHD to a modernized public health system. Specifically, to increase OHA-PHD's ability to make progress on the SHIP priorities, the plan advances:

- Cross-sector collaboration
- Community engagement, and
- Braided funding and strategy.

What work outcome are you most proud of?

"Better communication from the top down and more transparent managers. Also, we have managed to keep up quality work and services during the pandemic."

"Updating the Quality Management System at the State Public Health Laboratory."

"Development of the Pediatric Readiness Program for all Oregon and Southwest Washington hospitals."

This Change Plan focuses on OHA-PHD's culture. The plan seeks to prepare staff for the operational and fiscal changes needed to support how work is done within OHA-PHD. In 2019 and 2020, OHA-PHD managers engaged in facilitated meetings to:

- Discuss how to understand the role of managers for supporting change in OHA-PHD, and
- Plan for working with staff to make incremental, planned changes to OHA-PHD's administrative, operational and fiscal systems that results in a public health system that ensures lifelong health for everyone in Oregon.

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
OHA-PHD will maintain accreditation status by the Public Health Accreditation Board		Accredited	Accredited	Accredited	Accredited	Public Health Accreditation Board

Objective 2: Promote and develop a competent, skilled, diverse and engaged workforce.

OHA-PHD worked to create a skilled, engaged and diverse workforce. The OHA-PHD Health Equity Work Group (HEWG) developed a set of recommendations to improve practices on diversity recruitment, retention and promotion. OHA-PHD intends for hiring managers to use these recommendations for coaching, assessment and training.

To pilot the recruitment and retention strategies from the HEWG, two sections in OHA-PHD began to explore new processes to increase workforce:

- Diversity
- Retention
- Inclusion, and
- Culture change.

For example, changes in recruiting and hiring were piloted in the below sections to take the lived experience of candidates into greater consideration when meeting

What work outcome are you most proud of?

"Acceptance of remote work, which may open future doors for personal career growth within the division. Previously most positions were closed to anyone not willing to live outside the Salem-Portland area."

minimum qualifications:

- Maternal and Child Health
- Adolescent, Genetics and Reproductive Health

Governor Brown's Employee Wellness Executive Order requires OHA-PHD to have an employee wellness committee. The Cross-Agency Health Improvement Project (CAHIP) Steering Committee serves as OHA-PHD's wellness committee. This committee meets quarterly and works closely with the Safety and Risk Mitigation team and PEBB to ensure employees have:

- Safe workspaces in the office and at home, and
- Access to wellness programs that address:
  - » Stress
  - » Healthy weight management
  - » Chronic diseases, and
  - » Other health priorities for OHA-PHD employees.

Additionally, CAHIP promotes worksite settings and policies that reinforce health and wellness.

Many OHA-PHD staff engaged in an Employee Resource Group (ERG). ERGs provide support, collaboration and camaraderie for staff. ERGs also provide advocacy for staff needs at the division and agency level. First introduced in 2016, many ERGs are now available to OHA-PHD staff:

- Healthy Families ERG (work-life balance)
- People of Color ERG (for staff of color and allies)
- Black, African, African-American ERG
- Autism Workforce, Acceptance, Resources & Education (AWARE) for staff with autism or who have family members or friends with autism, or who are interested in autism awareness
- Workplace Individuals with Strong Experience (WISE) for staff age 50 and older, or others interested in aging issues in the workplace
- Positive Employment Opportunities 4 Persons of Lived Experience (PEOPLE) for

What work outcome are you most proud of?

"Helping to provide the health equity gatherings. We learned a lot about what works and what does not work and demonstrated a real need for real investment in staff education and training around equity."

people of lived experience (PLE) with mental health challenges, past or present, and their allies

- Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Intersex, Asexual, 2 Spirit, + Questioning (LGBTQIA2S+)

In response to COVID-19 and the need to move to a remote work environment, OHA-PHD re-evaluated the telework policy. In July 2020, OHA adopted an agency-wide policy that will shift the workforce to a more remote setting, even after the current COVID-19 pandemic. The policy will implement a comprehensive, multi-faceted approach to optimize flexible work solutions for appropriate agency business. OHA-PHD's use of flexible work solutions:

- Promotes the health and safety of our staff and the people we serve
- Ensures high-quality work and optimal use of resources for the agency
- Ensures that OHA-PHD addresses cultural, equity and accessibility issues in a meaningful way, and
- Supports flexibility and work-life balance for staff.

Implementation of this policy aligns with recommendations from the OHA-PHD Health Equity Workgroup as a key element to support retention of a diverse workforce.

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
OHA-PHD workforce parity		White:108% Black: 174% AI/AN: 56% Asian/PI:204% Hispanic: 28% People with Disabilities: 22% Veterans: 69% (2016)	White: 106% Black: 126% AI/AN: 17% Asian/PI: 200% Hispanic: 28% People with Disabilities: 29% Veterans: 22% (2018)	White NH: 97% Black NH: 129% AI/AN: 77% Asian: 281% PI: 78% Hispanic: 40% People with Disabilities: 21% Veterans: 28% (2020)	Equal to or more than 95% for all demographic groups.	Human Resources
Percentage of OHA-PHD staff who agree or strongly agree with the statement: "I would recommend OHA-PHD as a good place to work."		60% (2016)	62% (2017)	61% (2019)	68%	Annual Employee Engagement Survey – PH Wins Survey
Percentage of OHA-PHD staff who agree or strongly agree with the statement: "OHA-PHD makes a commitment to professional development and a learning culture"		51% (2016)	54% (2017)	Data not available.	61%	Annual Employee Engagement Survey

Objective 3: Promote health equity in all programs and policies.

OHA-PHD worked to advance health equity and improve cultural responsiveness. Examples of this commitment include:

- The hiring of a full-time health equity coordinator
- Introduction of health equity-focused educational "gathering" opportunities starting in 2019
- Development of a community of practice for community partnership development, and
- A slate of recommendations for recruitment and retention of underrepresented staff.

Eight OHA-PHD sections have stood up program-specific health equity work groups. These work groups have taken on a range of initiatives, including:

- Adapting work and work products to focus on equity
- Supporting the collection of racially and ethnically disaggregated data
- Providing mini-grants to culturally responsive community-based organizations, and
- Developing and using consistent methods to recruit, retain and onboard underrepresented staff. For example, some sections are now redacting names and other identifying information when reviewing applications.

What work outcome are you most proud of?

"Asking difficult questions about health equity and not accepting easy answers."

"Anti-racism training, increased focus on equity and inclusion practices, and strong words of support from leadership and my peers."

The new LPHA and Tribal Program Element template has a matrix to identify foundational capabilities in the scope of work. Eighteen of 21 LPHA program elements and all three tribal program elements address health equity. Work will continue over the next year to find how program elements support a broader approach to health equity per Public Health Modernization Manual roles and deliverables. OHA-PHD also provided funding to LPHAs and tribal programs for health equity and community partnership development in 2018 and 2019.

The 2020-2024 SHIP was developed to advance health equity for five priority populations:

- Black, Indigenous, People of Color and American Indian and Alaska Native (BIPOC-AI/AN) people

- People with low-income
- People with disabilities
- People who identify as LGBTQ+, and
- People who live in rural areas.

The SHIP advanced those goals by involving representatives of these groups and culturally responsive community-based organizations.

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
Percentage of LPHA program elements that address health equity in the scope of work		0%	86%	85%	100%	LPHA program elements
Number of SHIP health equity strategies that address a racial or ethnic disparity		1 (2017)	11 (2018)	17 (2020)	7	SHIP progress report
Number of federally-recognized tribes that participated in a public health modernization program assessment		0 (2016)	2 (2017)	3	4	Tribal assessment reports

Objective 4: Form and maintain relationships with diverse partners to define and achieve collaborative public health goals.

OHA-PHD formed and maintained relationships with many state and local partners to advance public health goals. OHA-PHD sections also maintained program-specific relationships with countless organizations and coalitions around the state.

OHA-PHD maintained a relationship with the Oregon Department of Transportation. The MOU was revised in 2018 to emphasize five shared goals:

- Improve traffic safety
- Increase active transportation options
- Improve air quality and reduce exposure to air pollution
- Improve equitable access to employment, education, health care, healthy food and other resources, and
- Improve preparedness for emergencies.

OHA-PHD reformatted its relationship with ODE. With the passage of the 2019 Student Success Act, OHA-PHD:

- Elevated the former OHA-PHD MOU to OHA
- Hired a health in education director, and
- Began an agency-wide process to update the MOU with ODE.

As part of a COVID-19 response, through OHA-PHD over 170 community-based organizations (CBOs) received funding to provide:

- Community engagement
- Education and outreach
- Contact tracing
- Social services, and
- Wraparound supports.

Directly supporting community-based organizations has created important new infrastructure and communication channels for addressing community-identified barriers.

OHA-PHD is committed to co-creating and sharing power with communities most affected by disparities. To share learning and best practices for this approach, a Community Engagement Community of Practice was convened. OHA-PHD developed resources for staff, such as Community Engagement Values and Principles, and Diversification of Boards and Committees.

What work outcome are you most proud of?

"As a new OHA-PHD staff, I was able to develop a more nimble and responsive funding opportunity for LPHAs and tribes, supporting community needs and working more in partnership versus prescriptive approach."

"Worked with community partners to award grants to community-based organizations (CBOs) to support LGBTQ+ Oregonians during the pandemic."

"The work the community engagement team has done with building relationships with CBOs and the immeasurable support CBOs have provided to community."

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
Percentage of partners that agree or strongly agree their partnership with OHA-PHD is effective in achieving its desired outcomes or is on track to achieve those outcomes as planned		80% (2017)	Not available	100% (2020)	95%	OHA-PHD partnership survey
Number of formal MOU established with state agencies		2 (2016)	3 (2017)	3 (2020)	4	OHA-PHD administrative records

Objective 5: Invest in and maintain up-to-date systems and expertise for public health assessment, monitoring and evaluation.

OHA-PHD invested significantly to modernize public health data systems. OHA-PHD used 2017-19 public health modernization funds to upgrade population health data systems, improving how information is:

- Collected
- Reported, and
- Made available to people who rely on it.

Improvements are being made to the Behavioral Risk Factor Surveillance System (BRFSS). OHA-PHD worked with Program Design and Evaluation Services (PDES) on community-based data collection and research briefs with communities of color in partnership with:

- The Coalition of Communities of Color
- The Northwest Portland Area Indian

What work outcome are you most proud of?

"Multiple tribes and OHA-PHD finalized agreements allowing sharing of data to promote investigation and control of COVID-19 and other communicable diseases."

"The collaborative OHA-PHD/ODE Mapping Project connecting school sex education policy implementation with Oregon Healthy Teens data at the local level."

Health Board (NPAIHB), and

- Other community-specific data project teams.

OHA-PHD collaborated with the Pacific Islander community to conduct a culturally responsive supplemental survey to address the lack of health data for Pacific Islander communities. OHA-PHD reviewed scientific literature and consulted survey research experts to identify potential and promising alternative BRFSS methods to collect sensitive data. OHA-PHD piloted a shortened BRFSS survey using methods identified as superior to the current BRFSS approach of telephone random digit dial.

What work outcome are you most proud of?

"Title V Needs Assessment – worked with more communities of color and developed new priorities with an emphasis on social determinants of health."

OHA-PHD undertook efforts to modernize the Oregon Healthy Teen (OHT) Survey – a primary data source about youth in our state. Using feedback from school administrators, teachers and students, OHT was integrated with the Student Wellness Survey into one youth survey, the Student Health Survey (SHS). The survey also transitioned from dual administration (paper and online) to online only. School districts and schools now have timelier access to preliminary data through the developed interactive web tool, the SHS Data Dashboard.

In 2018, OHA-PHD published the State Health Assessment (SHA) and updated State Health Indicators. Undertaken every five years, the SHA is a comprehensive description of health for the state. An evidence-based planning tool, the Mobilizing for Action through Planning and Partnership (MAPP) framework, was used to guide the assessment process which included the use of qualitative and quantitative data from multiple sources.

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
Percentage of State Population Health Indicators (SPHIs) updated every year		97.1% (2016)	98.6% (2017)	98.5% (2019)	100%	SPHI tracking sheet
Percentage of SPHIs reported by race and ethnicity.		63.5% (2016)	71% (2017)	75% (2019)	75%	Research Office Master Indicator Sheet
Percentage of laboratory reports received electronically		89% (2016)	91% (2017)	92% (2019)	95%	Orpheus

Objective 6: Implement policy, systems and environmental changes to meet changing needs and align with state and federal policies.

OHA-PHD efforts have resulted in significant public health policy wins. During the 2017 legislative session, all four OHA-PHD legislative concepts passed. These included:

- HB 2301, the OHA-PHD housekeeping bill
- HB 2310, public health modernization
- SB 52, EMS patient encounter data system, and
- SB 53, in-home care and hospice licensing fees.

During the 2018 legislative session, OHA-PHD provided leadership on several bills, including:

- Cleaner Air Oregon (SB 1541)
- Opiates (HB 4143)
- Maternal mortality and morbidity (HB 4133)
- Extended stay centers (HB 4020)
- Marijuana (SB 1544), and
- Residential care facility administrator licenses (HB 4129).

During the 2019 legislative session, all five OHA-PHD legislative concepts passed. These included:

- HB 2270, increase in the price of tobacco products
- SB 27, revision of drinking water fee authority
- SB 28, fee changes for the food, pool and lodging programs

What work outcome are you most proud of?

"Implementing HB2673 – which allows for people in Oregon to change their name or sex on their birth certificate to reflect their gender identity without a court order."

"Implementation of the Reproductive Health Equity Act."

"Support of DEQ in adopting updated, health-based industrial air quality regulations. This new program, Cleaner Air Oregon has an environmental justice focus and is designed to be protective of the health of the most vulnerable Oregonians."

- SB 29, the OHA-PHD housekeeping bill, and
- SB 253, public health modernization.

During the 2020 legislative session, OHA-PHD provided leadership on several bills, including:

- Prohibition of remote sales of inhalant delivery systems (HB 4078)
- Prohibition of the sale of flavored inhalant delivery system products (SB 1559)
- Tobacco retail licensure (SB 1577), and
- Student health surveys (HB 4132).

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
Number of public health division legislative concepts that become law		4 (2017)	4 (2018)	9 (2020)	10	Oregon Revised Statutes

Objective 7: Use health communication strategies, interventions and tools to be a trusted source of information.

OHA-PHD worked to modernize communication efforts, both internally and externally. OHA-PHD staff contributed to a growing social media presence on Facebook and Twitter. Staff used SHIP priorities to generate content and share information and resources. OHA-PHD revised its website to make content more useable by the public. OHA-PHD response to the public preference for more video-generated content and information sharing was especially helpful during the COVID-19 response. Modernization case studies shared success stories from the regional partnership and legislative investments. Many OHA-PHD programs demonstrated pronounced web presence through pages off the OHA-PHD platform. These examples include Healthier Together Oregon, End HIV Oregon, Place Matters, and Smokefree Oregon.

What work outcome are you most proud of?

"Modernization of our public data presentation and reporting."

Measures	Status	Baseline	2018 report	Final report	2020 target	Data source
OHA-PHD social media engagement and web analytics		2,890 Facebook likes 3,227 Twitter followers (2016)	8,890 Facebook likes 5,070 Twitter followers (2017)	Data not available.	10,000 Facebook likes 7,000 Twitter followers	Facebook and Twitter analytics
The average number of press releases per month promoting division initiatives		13 (2016)	16 (2017)	36 (2020)	15*	CASPER database
Media stories (print, radio, TV, web) about division initiatives		52 stories per month (2016)	136 stories per month (2017)	2,404 stories per month	75 stories per month	Google alerts

* Increase from 10 to 15 to now include public meeting notices.

Conclusion and next steps

The four years of effort highlighted in this report have been transformational for public health. OHA-PHD has faced many transitions and public health challenges, hallmarked by current efforts to bring the COVID-19 pandemic to an end. Although the road ahead is long, it seems brighter in the direction we're headed.

Appendix A – Data definitions

Goal 1: Promote and protect safe, healthy and resilient environments to improve quality of life and prevent disease.

Create healthy environments.

Measures	Numerator	Denominator
Percentage of children younger than 6-years-old who received blood lead testing	The number who have had blood lead testing in the past year	Total number of children younger than 6-years-old
Percentage of community water systems that meet health-based standards throughout the year	The number that meets health-based standards	All community water systems
Percentage of workers who walk, bike or take public transit to work	The number who identify they walked, bicycled or used public transit to get to work.	Number of commuters

Increase community preparedness and resilience.

Measures	Numerator	Denominator
Percentage of identified climate resilience strategies implemented at the state level	Strategies in progress or completed	Total number of climate resilience strategies
Percentage of OHA-PHD staff who are registered on the HAN	The number who are registered on HAN	Total number of OHA-PHD staff
Percentage of local public health administrators who respond within 60 minutes to quarterly test calls from the 24/7/365 telephone line	Number of local public health administrators that respond in 60 minutes	Number of local public health administrators that receive a test call

Ensure access to clinical services.

Measures	Numerator	Denominator
Adolescents who have had one or more cavities ever	The number who report having ever had a cavity	All eighth and 11th graders surveyed
Rate of 2-year-olds who are fully vaccinated	ALERT population estimation methodology	ALERT population estimation methodology

Measures	Numerator	Denominator
Effective contraception use	The number of women using an effective or moderately effective method.	Women, ages 18-44 who are: • Not currently pregnant • Have not had a hysterectomy • Not currently abstinent, and • Have an opposite-sex partner.
Annual dental visits among children ages 0-5	The number of clients who received any dental service under the supervision of a dentist or dental hygienist in the measurement year.	The number of clients ages 0-5 who have continuous enrollment for 12 months in a coordinated care organization.

Prevent and reduce tobacco use.

Measures	Numerator	Denominator
Cigarette smoking prevalence among youth	The number that smoked cigarettes in the past 30 days	All youths surveyed
Other tobacco products (non-cigarette) use among youth	The number that used other tobacco products in the past 30 days	All youth surveyed
Cigarette smoking prevalence among adults	The number that smoked at least 100 cigarettes in their lifetime and currently smoke cigarettes	All adults surveyed

Improve nutrition, increase physical activity and reduce obesity.

Measures	Numerator	Denominator
Obesity prevalence among children ages 2-5	Children ages 2-5 who report a BMI ≥ 95th percentile for age and sex	All children ages 2-5 in WIC
Obesity prevalence among youth	Number of youths who report a BMI ≥ 95th percentile for age and sex	All youths surveyed
Obesity prevalence among adults	Number of adults who report a BMI ≥ 30.0	All youths surveyed

Reduce violence and suicide rates through prevention.

Measures	Numerator	Denominator
Rate of suicide	The number of residents who died by suicide.	Number of Oregon residents according to U.S. Census Bureau
Suicide attempts among eighth graders	Number of students who report a suicide attempt	All eighth surveyed

Utilize public health tools to prevent and reduce alcohol and substance abuse.

Measures	Numerator	Denominator
Prescription opioid mortality	Number of deaths due to prescription opioids	Oregon population
Alcohol-related motor vehicle deaths	n/a	n/a

Prevent and reduce rates of communicable diseases.

Measures	Numerator	Denominator
Hospital-onset *Clostridium difficile* infections	Number of incident events identified >3 days after admittance	Number of expected incidents of hospital-onset *Clostridium difficile* events
Rate of gonorrhea infections	Number of reported cases of gonorrhea in Oregon	U.S. Census Bureau population estimate
People living with HIV who have a suppressed viral load within the previous 12 months	People living with reported HIV in Oregon with ≥1 viral load ≤200 copies per ml in the previous 12 months and no viral loads >200.	Number of people living with reported cases of HIV
Infections caused by Shiga toxin-producing *Escherichia coli* O157	The average number of *E. coli* 0157 cases from the most recent 5 years	U.S. Census Bureau population estimate

Goal 2: Strengthen public health capacity to improve health outcomes.

Develop and maintain an organizational culture of continuous quality improvement.

Measures	Numerator	Denominator
OHA-PHD will maintain accreditation status by the Public Health Accreditation Board	n/a	n/a

Promote and develop a competent, skilled, diverse and engaged workforce.

Measures	Numerator	Denominator
OHA-PHD workforce parity	Number of OHA-PHD employees identified in each listed population and category	Number of employees you'd expect if OHA-PHD workforce distribution matched the statewide distribution for each population and category, according to the American Community Survey

Measures	Numerator	Denominator
Percentage of OHA-PHD staff who agree or strongly agree with the statement: "I would recommend OHA-PHD as a good place to work."	The number who say they agree or strongly agree to the question.	Number of respondents to survey
Percentage of OHA-PHD staff who agree or strongly agree with the statement: "OHA-PHD makes a commitment to professional development and a learning culture."	The number of respondents who say they agree or strongly agree to the question.	Number of respondents to survey

Promote health equity in all programs and policies.

Measures	Numerator	Denominator
Percentage of local public health authority program elements that include components to address health equity in the scope of work	The number that includes the component of health equity	Number of program elements that apply to all local public health authorities
Number of SHIP health equity strategies that target a racial or ethnic disparity	n/a	n/a
Number of federally-recognized tribes that participated in a public health modernization programmatic assessment	n/a	n/a

Form and maintain relationships with diverse partners to define and achieve collaborative public health goals.

Measures	Numerator	Denominator
Percentage of partners that agree or strongly agree that their partnership with OHA-PHD is effective in achieving its desired outcomes or is on track to achieve those outcomes as planned	The number who agree or strongly agree that their partnership with OHA-PHD is effective	Number of respondents
Number of MOU established with state agencies	n/a	n/a

Invest in and maintain up-to-date systems and expertise for public health assessment, monitoring and evaluation.

Measures	Numerator	Denominator
Percentage of SPHIs updated every year	Number of SPHI's updated on the Public Health website by November 30 every year	Total SPHI's excluding those based on a data source for which no updated data is available in the given year
Percentage of SPHIs reported by race and ethnicity	Number of SPHI's on the Public Health website that is reported by race/ethnicity	Total SPHI's excluding those not person-centric or based on external data sources that do not provide data by race or ethnicity

Measures	Numerator	Denominator
Percentage of electronic laboratory reporting (ELR) volume	Number of unduplicated lab reports received via ELR	Total number of unduplicated lab reports received by any method

Implement policy, systems and environmental changes to meet changing needs and align with state and federal policies.

Measures	Numerator	Denominator
Number of OHA-PHD legislative concepts that became law	n/a	n/a

Use health communication strategies, interventions and tools to be a trusted source of information.

Measures	Numerator	Denominator
Social media engagement and web analytics	n/a	n/a
Press releases promoting division initiatives (includes public meeting notices)	n/a	n/a
Media stories (print, radio, TV, or web) about division initiatives.	n/a	n/a

Oregon Health Authority
PUBLIC HEALTH DIVISION

You can get this document in other languages, large print, braille or a format you prefer. Contact Lisa Rau, Office of the State Public Health Director at 503-894-3399 or email Lisa.k.rau@dhsoha.state.or.us. We accept all relay calls or you can dial 711.

OHA 3705 (7/2021)